

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:
Marty Williams et al.

S.N.: 09/788,299

Filed: 9/11/2002

For: EQUIPMENT TRANSPORTATION
SYSTEM

Box AF
Assistant Commissioner of Patents
Washington, D.C. 20231

A.U. : 3727

Examiner: Brevard

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Amendment After Final

Sir:

This amendment places the application in condition for allowance and thus should be entered. In response to the Office Action mailed out on August 6, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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To: After Final amendment

From: Glenn Webb

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MESSAGE

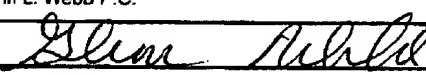
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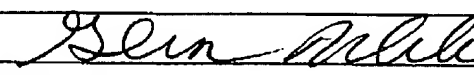
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/788,299 | RECEIVED CENTRAL MAIL CENTER JAN 06 2005 |
| | Filing Date | 9/11/2002 | |
| | First Named Inventor | Williams | |
| | Art Unit | 37127 | |
| | Examiner Name | Brevard | |
| Total Number of Pages in This Submission | Attorney Docket Number | | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Glenn L. Webb P.C. | |
| Signature |  | |
| Printed name | Glenn L. Webb | |
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